REMARKS

Prior to examination of the application, please enter and consider the above amendments and the following remarks. It is submitted that the application, as amended, is in condition for allowance. By virtue of this amendment, claim 1 has been canceled without prejudice or disclaimer, and new claims 38-61 have been added; thus, claims 38-61 are pending. Consideration and allowance of all the pending claims in view of the above amendments and the following remarks are respectfully requested.

The specification has been amended to add material from U.S. Patent No. 5,586,553, which is incorporated by reference on page 2, lines 11-13 of the original specification. Support for the added material is found specifically in column 5, lines 21-26 and FIG. 7 of U.S. Patent No. 5,586,553. The applicants point out that FIG. 11 of the present application is similar to FIG. 7 of U.S. Patent No. 5,586,553, and that the added material merely clarifies the embodiment illustrated in FIG. 11 of the present application. Thus, the applicants respectfully submit that no new matter has been added by this amendment to the specification.

Support for newly added claims 38-61 is found in the amended specification, drawings, and claims of the application. No new matter has been added.

Embodiments of the present invention are directed to an improved insertion set for transcutaneous placement of a sensor in a patient and/or transcutaneous delivery of a fluid to a patient. In preferred embodiments, the insertion set includes a mounting base adapted for mounting onto the patient's skin. The insertion set also includes a cannula coupled to the mounting base and having a distal end protruding from the mounting base. The cannula is adapted for transcutaneous placement on the patient, and preferably, also transcutaneous delivery of fluid, such as medication, to the patient. The mounting base further includes at least one resilient latch arm projecting from the mounting base, which is adapted for releasable

engagement with at least one corresponding recess on a connector for infusion tubing used in conjunction with the insertion set.

The key aspect of the presently claimed embodiment is the resilient latch arm(s) which projects from the mounting base and facilitates releasable engagement of the mounting base with the connector. Independent claims 38 and 50 both recite "the mounting base includes at least one resilient latch arm projecting from the mounting base and adapted for releasable engagement with the at least one recess on the connector." Independent claims 45 and 57 similarly recite "the mounting base includes a pair of resilient latch arms projecting from the mounting base and adapted for releasable engagement with the pair of recesses on the connector." Independent claim 60 also similarly recites "the mounting base includes a pair of resilient latch arms rearwardly projecting from the mounting base and adapted for snap-fit, releasable engagement with the pair of recesses on the connector."

In order to disconnect or reconnect the mounting base and the connector, the patient is required to disengage or re-engage only the latch arm(s) on the mounting base, and simply move the connector away or toward the mounting base. It is easier for the patient to hold the mounting base and maneuver the latch arm(s) on the mounting base because the mounting base is stabilized on the patient's skin. Such a latch mechanism for releasable engagement of the mounting base with the connector is especially useful for patients with dexterity problems.

In view of the foregoing, it is respectfully submitted that the application and all of the claims are in condition for allowance. Examination and consideration of the application, as amended, are requested.

If, for any reason, the Examiner finds that the application is other than in condition for allowance and believes that a telephone interview would advance the prosecution of the application, the Examiner is invited to call the undersigned attorney at (818) 576-5291.

Respectfully submitted,

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